

Joint Committee on Corrections

December 2014

Information for Legislative Institutional Visits

Facility Name: SOUTHEAST CORRECTIONAL CENTER			
Custody Level	C-5	Warden	Ian Wallace
Total Acreage	120	Address	300 East Pedro Simmons Dr., Charleston, MO 63834
Acreage w/in Perimeter	45		
Square Footage	391880	Telephone:	573-683-4409
Year Opened	2001	Fax:	573-683-7534
Operational Capacity/Count (as of December 1, 2014)	1656/1648		
General Population Beds (capacity and count as of December 1, 2014)	1464/1461	Deputy Warden	Omer Clark
Segregation Beds (capacity and count as of December 1, 2014)	261/250	Deputy Warden	Bill Stange
Treatment Beds (capacity and count as of December 1, 2014)	72/72	Asst. Warden	Paula Reed
Work Cadre Beds (capacity and count as of December 1, 2014)	192/187	Asst. Warden	
Diagnostic Beds (capacity and count as of December 1, 2014)	72/71 ITC Program	Major	Richard Adams
Protective Custody Beds (capacity and count as of December 1, 2014)	72/68		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **good**
- b. What capital improvement projects do you foresee at this facility over the next six years? **1) Radio system, 2) new security system (computer locking system/server), 3) new Del Norte system, 4) fire alarm system, 5) upgrade sewer bar screen system, 6) perimeter lighting (LED), 7) additional inner perimeter fencing**
- c. How critical do you believe those projects are to the long-term sustainability of this facility? **Very critical. 1) Our current radio system is obsolete scheduled for new system FY15 2) Our current computer system is degrading 3) we have one of the last Del Norte systems available scheduled for a new system FY16 4) Continuous false alarms with fire alarm system, 5) To prevent sewer backups, 6) current lighting system obsolete needs to be replaced with LED lighting (fixtures/bulbs) 7) will enhance security during offender movements.**

2. **Staffing:**

- a. Do you have any critical staff shortages? **No; however, a substantial recruitment/retention efforts is utilized to keep us at this rate.**
- b. What is your average vacancy rate for all staff and for custody staff only? **19% All Staff – 21% Custody**
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? **No**
- d. What is the process for assigning overtime to staff? **This process is in line with the MOCO agreement. Volunteers are assigned initially. If staff do not volunteer or more staff is needed, the mandatory overtime list is utilized.**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? **Approximately 75% of comp time accrued is paid off; 25% is used.**
- f. Is staff able to utilize accrued comp-time when they choose? **Yes, depending on critical staffing needs, every effort is made to allow time off.**

3. **Education Services:**

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **Voluntary only 2% average**
- b. How many (and %) of inmate students earn their HSE each year in this institution? **1.7%**
- c. What are some of the problems faced by offenders who enroll in education programs?
 - **Low classroom capacity / lack of physical space**
 - **no access to computers and HiSET software that is available**
 - **Inflexible work schedules, particularly in food service**
 - **learning materials have not been updated for the new HiSET curriculum**

4. **Substance Abuse Services:**

- a. What substance abuse treatment or education programs does this institution have?
 - **Learning center (voluntary/assigned**
 - **per Administrative program plan**
 - **substance abuse**
 - **alcoholics anonymous organization**
 - **Intensive Therapeutic Community (ITC)**
- b. How many beds are allocated to those programs? **72 (ITC)**
- c. How many offenders do those programs serve each year?
 - **75 ITC program**
 - **60 substance abuse program**
 - **20 alcoholics anonymous**
- d. What percent of offenders successfully complete those programs?
 - **15% ITC**
 - **80% substance abuse**
 - **alcoholics anonymous does not have graduates, continuing support group**
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **Sustainability of program material, after care and tracking.**

5. **Vocational Programs:**

- a. What types of vocational education programs are offered at this institution? **Numerous programs offered via the SECC Learning Center**
- b. How many offenders (and %) participate in these programs each year? **unknown**
- c. Do the programs lead to the award of a certificate? **Yes**

d. Do you offer any training related to computer skills? **pending**

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? **The MVE wood furniture factory at SECC produces 2 lines of high quality college dormitory furniture and a line of commercial/institutional cabinetry. These three lines of furniture includes, but are not limited to: beds, chairs, dressers, desks, wardrobes, night stands, kitchen and bathroom cabinets, pantries, shelving, athletic taping stations and cedar chests and other misc, furniture manufacture and repair. We also design and build “specials”, or those furniture pieces that are outside of our normal catalog items.**
- b. How many (and %) of offenders work for MVE at this site? **At peak production levels the factory is authorized to employ 115 offenders, Monday through Thursday, 7:00am to 4:15pm. Currently MVE employs 67 offenders, or about 4% of the level 5 population at SECC.**
- c. Who are the customers for those products? **Our customer base consists of all taxed supported agencies, nonprofit organizations, and state employees.**
- d. What skills are the offenders gaining to help them when released back to the community? **The offender workers at this MVE factory are trained in the basic necessities of obtaining and holding a job, such as; Scheduling, teamwork, communication, personal grooming, professional behavior, personal accountability, etc..**

Some specific skills that can be acquired in this MVE location include but are not limited to the following:

- **machine set-up and operation,**
- **furniture making, cabinetry, assembly,**
- **furniture finishing, spray coating,**
- **industrial maintenance,**
- **janitorial, housekeeping**
- **tool repair,**
- **shipping and receiving, accounting, storekeeping,**
- **office machine operations,**
- **drafting and furniture design,**
- **CNC router operation, maintenance and repair,**
- **CNC panel saw; operation, maintenance and repair**
- **Office management**
- **Floor lead man**

Offender workers at this factory are enrolled in courses in which they can earn certificates for successful completion of the prescribed curriculum in studies including but not limited to the following:

- **“Workplace Essential Skills”,**
- **“Computer Literacy” computer skills that include basic typing, Windows, Word, and Excel, some basic math and higher math.**

U.S. Department of Labor Apprenticeship Certificates are also earned in areas such as;

- **Cabinetmakers and Bench Carpenters**
- **Upholsters**
- **Mechanical Drafters**
- **Electrical Engineering Technician**
- **Furniture finishers**

- **Industrial Machinery Mechanics**
- **Maintenance and Repair Worker, General**
- **Woodworking Machine Setters, Operators**
- **Multiple Machine Tool Setters, Operators**
- **Welders, Cutters, and Welder Fitters**
- **Painter, Professional**
- **Computer Operators**
- **Sawing Machine Setters, Operators and Tenders**
- **Production Planning and Expediting Clerks**
- **Helpers-Production Workers**
- **Maids and Housekeeping Cleaners**
- **Tool Grinders, Filers, and Sharpeners**
- **Administrative Services Managers**
- **Coating, Painting and Spraying Machine**
- **Information Management**
- **Computer Numerically Controlled Machine Tool**
- **MVE also issues Certificates for “2000 Hours of On the Job Training” in jobs such as those listed above.**

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7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **Yes**
- b. How many offenders are seen in chronic care clinics? **1107 chronic care enrollees**
- c. What are some examples of common medical conditions seen in the medical unit? **Acute complaints such as allergies, colds, sprains and lacerations. As well as, chronic issues such as diabetes and hypertension.**
- d. What are you doing to provide health education to offenders? **We provide education at time of sick call and we have yearly health fairs.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **Yes, we had one case. The offender was placed in reverse isolation and followed by the site provider and both local/regional infection control nurses. The site performed contact testing for employees and offenders. The local public health agency performed testing on the visitors with known contact. This process was conducted for two rounds. The first round resulted in two converters and the second round resulted in none. After medication regimen was completed, the offender was released from isolation.**
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain **Yes, the aging population is effecting health care in prisons as it is everywhere else. Prison facilities pose special hardships for the older offenders who are frail, who have mobility impairments, hearing and vision loss and cognitive limitations, including dementia; or who have chronic, disabling or terminal illnesses. Prisons were not built for the aging population.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

Offenders have several options in regards to obtaining mental health treatment services. The most commonly used methods to obtain services include:

- **Health Services Request-HSR (all offenders)**
- **Chronic Care Clinic (MH3/MH4; no request necessary)**
- **Staff Referrals and/or Crisis Intervention (all offenders)**
- **Segregation Rounds/Segregation Assessments (Rounds provided for all segregated offenders weekly; Assessments for all offenders in segregation at 30 days in segregation, 90 days after the 30 day assessment, and in 3 month increments post the initial 90 days. Mental Health automatically schedules the appointment, no request necessary.)**

All offenders have access to Health Services Request (HSR) forms on a daily basis. If an offender is seeking mental health treatment (individual or group format), they complete an HSR stating their concern. HSR's are triaged daily by a nurse and the individual is automatically scheduled with the appropriate professional based on their individualized need.

If an offender has a current mental health diagnosis, they are enrolled in Chronic Care Clinic. All offenders are assigned a mental health score based on their level of mental health treatment needs. A rating of MH3 or above indicates that a person has a current mental health diagnosis and may additionally be on medication. Chronic Care Clinic consists of all offenders with a rating of MH3 or above. When someone is in Chronic Care Clinic, they are scheduled every month with a Qualified Mental Health Professional for follow up. They are additionally seen by a psychiatrist a minimum of every ninety (90) days. In addition, they are seen more frequently when involved in a transfer and/or discharge or if having more significant concerns. For example, an MH4 (more severe mental health needs) is typically seen every two weeks by the Qualified Mental Health Professional rather than monthly. Offenders in Chronic Care Clinic are automatically scheduled for these appointments by mental health. If they need services in addition to the Chronic Care Clinic, they submit the HSR form as well.

Offenders with more acute symptoms requiring immediate attention, have the option of informing a staff member of their crisis situation and mental health is contacted. Additionally, a staff member noticing symptoms in an offender has access to a referral form and commonly refers offenders that they believe may need some mental health assistance. Depending on the nature of the staff referral, some individuals are seen immediately and others can be scheduled within the next few days.

Staff members are trained regularly on Suicide Intervention/Prevention during their core training. In this training, staff members are taught what symptoms to look for to identify offenders with possible mental health needs including common indicators that a person may be considering suicide. Any staff member can place an offender on suicide precaution status if concerned that the offender may be suicidal. Mental Health provides 24 hour on call coverage to meet the needs of the institution 7 days per week.

All offenders in segregation are monitored more closely by mental health due to the isolation aspect of segregation. Mental health rounds are conducted on a weekly basis and all offenders in segregation are given the opportunity to talk with a mental health professional during this time. All offenders in segregation are assessed by mental health at

30 days in segregation and every 90 days past the initial 30 day assessment until they are released from segregation. This is in addition to the weekly segregation rounds. Mental Health Staff automatically schedule these appointments for the offender, no request is necessary.

In conclusion, every effort is made in mental health to preserve the continuity of care for all offenders by providing for the easiest access to services possible. Whether it is through involvement in Chronic Care Clinic, counseling services, staff referrals, crisis intervention, segregation assessments, and/or mental health groups, all mental health services are readily available for offenders. Most can be easily accessed through the use of a readily available HSR form.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

No suicides occurred at SECC within the past year. Suicide prevention is a primary focus at SECC. Following any serious suicide attempt, a debriefing meeting is held to review the incident and make any necessary improvements as a result of the incident. All staff are educated on suicide prevention and intervention. Mental health staff facilitate a four (4) hour training to all custody and non-custody staff during their core training week. Medical staff are provided this education during a specified monthly staff meeting set aside to provide education on suicide prevention. All staff have been provided a pocket card that lists signs/symptoms of a potentially suicidal person. The card is carried by the staff member so that it can be referred to when needed. In addition, mental health staff are continually attending trainings and reading literature on suicide prevention and working to improve overall suicide prevention within the institution.

Any offender making statements of self harm or demonstrating suicidal predictors, are placed on suicide precautions where they can be monitored more closely. Any staff member can place an offender on suicide precautions. Mental health is always involved in this process. A Qualified Mental Health Professional assesses the person within two hours during normal business hours. After hours, Mental Health staff are notified and the offender is assessed the next business day. When someone is on suicide precautions, they are placed in a cell with minimal fixtures or protrusions. In HU1 we have cameras mounted in the cell to provide 24 hour observation of the offender. Additionally, custody staff members provide visual observation checks on these offenders at least 5 times per hour, not to exceed 15 minutes between observation checks. Every effort is made to only provide the offender with items that can not be used to harm self until modifications are made by a qualified mental health professional. An offender can only be released from precautions by a Psychiatrist, Psychologist, and/or the Chief of Mental Health Services.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

Approximately 220 offenders at Southeast Correctional Center or 13%, are on psychotropic medications prescribed through Mental Health.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

Currently, 227 offenders at Southeast Correctional Center are diagnosed with a mental illness (MH3 or above). Of these, 21 offenders are classified MH4 indicating that they have a chronic or severe mental illness. The majority, 206 offenders, are classified as MH3 indicating moderate mental health needs. The MH4 offenders are provided with an intensive treatment regimen that includes regular follow up monitoring averaging contact with a mental health professional a minimum of every two weeks. This contact is made through the various program components (i.e. Chronic Care Clinic, groups, psychiatric appointments, follow up appointments, etc.).

There are five special units available for offenders with special needs: Special Needs Unit, Social Rehabilitation Unit, Secure Social Rehabilitation Unit, Enhanced Care Unit, and Correctional Treatment Unit. If an offender fits the criteria for any of these units, a referral is made to get the person into the specific unit. If an offender is seriously mentally ill and requires more intensive crisis services than available on site (MH5), he is sent for further treatment at the Biggs Correctional Unit until stabilized.

All offenders have access to mental health services via HSR if additional services are needed. Pre-release planning is provided for continuation of care. Some MH4 Offenders have the opportunity to be a part of the MH4 project which pays for a mental health assessment by the community mental health center prior to release so that the person will have comprehensive follow-up by the community once released.

As previously mentioned, all offenders MH3 and above are seen a minimum of monthly during Chronic Care Clinic and a minimum of every 90 days by the psychiatrist. Services are also provided per HSR form, when in segregation, and on a crisis and/or referral as needed. All Mental Health Clients have a Treatment Plan that is used to clarify their needs and goals. The treatment plan guides what services are needed. This plan is revised as the offenders goals are met or needs change. Thus, the services change as needs change.

In addition, Mental Health offers groups on a weekly basis. Most groups are available to everyone with the exception of a few groups that target a specific population. The following groups are available at this time with a wait list:

- Charting a New Course
- Adjustment to Incarceration
- Anger Management
- Chronic Suicidal Thoughts/Suicidal Behaviors
- Dealing with Feelings
- Depression
- Grief and Loss
- Responsible Parenting
- Sleep Hygiene
- Medication Management
- Cognitive Behavior Therapy
- Trauma
- Thinking Errors
- Understanding Mental Health with Symptom Management
- Aftercare Transition Group (Life After Release)
- Stress Management

- Activities for challenged offenders
- Personal Hygiene for low functioning offenders
- Relapse Prevention
- Effective Communication
- Decision Making
- Anxiety Management
- Personal Hygiene

Southeast Correctional Center Mental Health Department employs two Psychiatrists totaling approximately 30 hours of psychiatric coverage per week. We also have tele-Mental Health services available to provide services during times when a Psychiatrist is not on-site. In addition, a Psychiatrist provides on-call coverage for the state 24 hours a day, 7 days a week. We have two full-time licensed Qualified Mental Health Professionals, one full-time Psychologist, one full-time Psychiatric RN; one full-time Clerk, one full-time Institutional Chief of Mental Health Services, and one part-time Activity Therapist (vacant). We have a QMHP on call 24 hours a day, 7 days a week. The Mental Health Departments works very hard to exceed community standards and provide the best care possible.

9. What is your greatest challenge in managing this institution? **Training/retention of new staff, economic condition and lack of longevity pay exacerbates turnover.**
10. What is your greatest asset to assist you in managing this institution? **My tenured staff. They are the glue holding SECC together, plus the solid leadership among many of my senior managers.**
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

<u>License #</u>	<u>Vehicle</u>	<u>Mileage</u>	<u>Assigned To</u>	<u>Condition</u>
32-0235	2008 CHEVY IMPALA	126,293	POOL	FAIR
32-0250	2008 CHEVY IMPALA	200,628	POOL	POOR
32-0265	2008 CHEVY UPLANDER	208,517	POOL	POOR
32-0268	2008 CHEVY UPLANDER	170,683	POOL	POOR
32-0270	2008 CHEVY UPLANDER	160,363	POOL	POOR
32-0272	2008 CHEVY UPLANDER	154,838	POOL	FAIR
32-0286	2008 CHEVY UPLANDER	171,420	POOL	POOR
32-0294	2008 CHEVY IMPALA	140,189	POOL	FAIR
13-0298	2007 DODGE CARAVAN	112,816	POOL	FAIR
13-0377	2008 CHEVY UPLANDER	102,338	POOL	FAIR
13-0414	2010 FORD ECONOLINE VAN	36,846	POOL	FAIR
13-0831	2008 CHEVY UPLANDER	118,564	POOL	FAIR
13-0833	2008 CHEVY UPLANDER	103,967	POOL	FAIR
13-0856	2014 FORD ECONOLINE	11,501	POOL	EXCELLENT
13-0902	2008 CHEVY UPLANDER	187,207	POOL	POOR
13-0423	2007 FORD CROWN VIC	181,588	POOL	VERY POOR
13-0836	2007 FORD CROWN VIC	175,398	POOL	POOR
13-0843	2001 Dodge Ram 1500	76,553	POOL	FAIR
13-0844	2001 Dodge Ram 2500	83,780	Maintenance	Fair interior/exterior & engine
13-0845	2001 Dodge Ram 2500	60,395	Maintenance	Fair interior/exterior & engine
13-0847	2001 Ford F750	39,753	Maintenance	Fair interior/exterior & engine
13-0848	2001 Ford F150	133,017	Maintenance	Fair interior/exterior & engine
13-0850	2001 Ford F350	50,291	Maintenance	Fair interior/exterior & engine
13-0853	2008 Ford Econoline Van	135,803	Pool	Fair interior/exterior & very poor engine
13-0854	2008 Ford Econoline Van	180,833	Pool	POOR

13-0855	2008	Ford	Econoline Van	51,450	Pool	Fair interior/exterior
13-0857	2008	Ford	Econoline Van	131,233	Pool	Fair interior/exterior
13-0858	2008	Ford	Econoline Van	135,941	Pool	Fair interior/exterior

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **The morale of Custody staff at SECC is medium to high. I receive minimum grievances or IRR's from custody or offenders complaining about the work place. I contribute a lot of this to stopping the rotations of our Captains and Lieutenants and placing them in positions on particular shifts that we as an executive team feel they have the best skills, communication and abilities to supervise that particular group of custody staff. No rotations lock the Captains and Lieutenants to own the good and bad of their shift or area assigned to, instead of passing issues on to the next group of supervisors. There is an increase in communication amongst all staff up and down the chain of command because supervisors are not continuing to change.**
13. **Case Managers:**
- How many case managers are assigned to this institution? **19**
 - Do you currently have any case managers vacancies? **No**
 - Do the case managers accumulate comp-time? **When earned, they are expected to flex that week.**
 - Do the case managers at this institution work alternative schedules? **Yes, at this time they can choose from the following times, 8:00-4:30, 7:30-4:00 or 7:00 – 3:30 No other times as it would affect case management time with offenders in the unit. We also have a CCM who is over programs and will come in during the evening for program reasons.**
 - How do inmates gain access to meet with case managers? **Daily Office hours, offender correspondence, wing walks appointments and in passing on the walks.**
 - Average caseload size per case manager? **144 offenders in baseline and 35-72 in administrative segregation.**
 - # of disciplinary hearings per month? **25 (average)**
 - # of IRR's and grievances per month? **18 (average)**
 - # of transfers written per month? **3 (average)**
 - # of re-classification analysis (RCA's) per month? **15 (average)**
 - Are there any services that you believe case managers should be providing, but are not providing? **No. I believe the classification staff at SECC are currently at maximum potential. They provide programs, an array of services from their offices and they work diligently on release concerns.**
 - If so, what are the barriers that prevent case managers from delivering these services? **N/A**
 - What type of inmate programs/classes are the case managers at this institution involved in? **Inside out Dads, Pathways to Change, Behavior Modification Program A, Anger Management, In cell Programming for Administrative Segregation offenders, Liaison/VIC for NAACP, Veterans, Re-entry Efforts, Employability Life Skills, Partnership with Mission Missouri in evenings to assist in successful release, Impact on Crime Victims services, Restorative Justice, and Prison Rape Elimination education, Puppies for Parole, Offenders Offering Alternatives, Enhanced Care Unit training and needs, Protective Custody needs and the Institutional Therapeutic Community.**
 - What other duties are assigned to case managers at this institution? **Transition Accountability plans, obtaining birth certificates and social security cards, counseling on behavioral issues, PREA risk assessment's, completion of Qualified Legal Claims and various other special needs of the offender, room moves, enemy listings, approximately 200**

administrative segregation hearings a month, and approximately 100 protective custody hearings a month, Identification cards through Department of Revenue, visiting applications and program tracking.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **2; 1-POII and 1-POIII/CAO**
- B. Do you currently have any staff shortages? **No, technically “fully staffed”; however, an Institutional Parole Officer is needed due to the present workloads are very high. This issue is being addressed.**
- C. Do the parole officers accumulate comp-time? **Yes, when the need is present.**
- D. Do the parole officers at this institution flex their time, work alternative schedules? **Yes, parole officers are allowed to flex their time and work schedules when necessary to accommodate work loads or personal issues.**
- E. How do inmates gain access to meet with parole officers? **By appointment only. If correspondence is received from an offender, an appointment or response is made for the subject.**
- F. Average caseload size per parole officer? **Current inmate population is 1648**
 - # of pre-parole hearing reports per month? **Between 20-30**
 - # of community placement reports per month? **Between 5-15 (depends)**
 - # of investigation requests per month? **Between 25-50**
- G. Are there any services that you believe parole officers should be providing, but are not providing? **The Parole Release Class is on hold until we get more assistance or workloads change.**
- H. If so, what are the barriers that prevent officers from delivering these services? **Staff being overwhelmed by caseload. If provided, additional assistance will result in better efficiency.**
- I. What type of inmate programs/classes are the parole officers at this institution involved in? **None**

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **None**

16. Does your institution have saturation housing? **Yes** If so, how many beds? **16**

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? **487 Operative/31 Inoperative**
- b. Do you have an adequate supply of batteries with a good life expectancy? **We have an adequate amount of batteries but the life expectancy is short. We continue to order new batteries as needed.**
- c. Are the conditioners/rechargers in good working order? **Yes, at this time.**